
Healthwise, Incorporated dba Eyes on Health (“Eyes on Health”) is a nonprofit corporation with a mission to help people make better health decisions.

Please review this Release and Assignment. If you agree to the terms, complete the information under the signature block, sign and email this document or return a copy to the Eyes on Health Project Coordinator. If any person other than you appears in the submitted video, you must also submit a signed release from that person.

Assignor/Participant Name: _____ (“I”)

Project Description: One-minute video describing the most important health equity issue in the United States today.

Eyes on Health Project Coordinator: Pat Kilby

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In exchange for the opportunity to participate in the Project, I assign to Eyes on Health all right, title and interest that I may have, including copyright and other intellectual property rights, in any media that I submit to Eyes on Health for the Project (the “Recording”). I authorize Eyes on Health to record, store, and use in any format my image, likeness, voice, stories, and other information about me contained in the Recording. I understand and agree that Eyes on Health may, in its sole discretion, (a) edit the Recording; (b) create derivative works from the Recording; (c) use the Recording in conjunction with other persons or recordings, in composite and/or adapted in character or form; and (d) use and distribute the Recording, in any format and in any manner of media whatsoever. Eyes on Health’s use of the Recording in whole or in part shall be unrestricted for purposes of education, publicity, advertising, trade, promotion, exhibition, and/or any other lawful purposes, now and in the future, regardless of whether that purpose is known to me, without my review or approval, and I waive any and all rights to royalties or other compensation related to future use of the Recording.

I, ON BEHALF OF MYSELF, AND MY PERSONAL REPRESENTATIVES, ASSIGNS, AND HEIRS, FOREVER DISCHARGE AND RELEASE EYES ON HEALTH, ITS AGENTS, EMPLOYEES, OFFICERS, DIRECTORS, SUCCESSORS, MEMBERS, AND ASSIGNS FROM ANY AND ALL LIABILITIES, CLAIMS, CAUSES OF ACTION, AND/OR DEMANDS ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY WORK AND PARTICIPATION IN THE PROJECT AND/OR EYES ON HEALTH’S USE OF THE RECORDING.

By signing below, I warrant and agree that I have read and understand the contents of this Release and Assignment, that I am at least 18 years of age, that I am a U.S. resident located in the U.S., and that I have the legal right and authority to sign this Release and Assignment and grant the permissions herein.

Signature: _____

Address: _____

City: _____ **State:** _____

Zip: _____

Email: _____ **Phone:** _____

Date: _____